



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Thomas CIOSSEK, et al.

Title:

METHODS FOR DIAGNOSIS AND TREATMENT OF MDK1

SIGNAL TRANSDUCTION DISORDERS

Appl. No.:

10/073,064

Filing Date: 2/12/2002

Examiner:

Susan Ungar

Art Unit:

1642

AMENDMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- Assertion of Small Entity status is enclosed.
- The fee required for additional claims is calculated below: [X]

	Claims	-			Extra				
	As		Previously		Claims				Additional
	Amended		Paid For		Present		Rate		Claims Fee
Total Claims:	1	-	20	=	0	X	\$50.00	=	\$0.00
Independent Claims:	1	-	3	=	0	x	\$200.00	=	\$0.00
First p	resentation	of an	y Multiple	Depen	dent Claims:	+	\$360.00	=	\$0.00
					CLAIMS	FE]	E TOTAL	=	\$0.00

Atty. Dkt. No. 034536-0405 Appl. 10/073,064

TOTAL FEE:

\$0.00

\$0.00

L	total number of months checked below:	37 C.F.R. §1.130(a)	for the
[] Extension for response filed within the first month:	\$120.00	\$0.00
[] Extension for response filed within the second month:	\$450.00	\$0.00
[] Extension for response filed within the third month:	\$1,020.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION	FEE TOTAL:	\$0.00
[l Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER	FEE TOTAL:	\$0.00

[] Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

Small Entity Fees Apply (subtract ½ of above):

- A check in the amount of \$0.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

[]

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

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AMENDMENT AND REPLY UNDER 37 C.F.R. § 1.111

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is a response to the non-final office action mailed on December 9, 2004, concerning the captioned patent application.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this document.

Amendments to the Specification begin on page 3 of this document.

Remarks/Arguments begin on page 4 of this document.

Please amend the application as follows.